

## Letters

### Is medical ethics lost?

#### Response 1

SIR

Professor R M Hare's guest editorial (1) seeks to use Christian theology to justify Dr Cox killing his patient. I am writing on behalf of the 4,000 plus British doctors who are Christians and members of the Christian Medical Fellowship to draw attention to his highly selective and unbalanced use of Scripture.

The only text he quotes is the so-called 'Golden Rule' which in a modern translation reads: 'So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets' (2). Professor Hare moves from this to imply that love (usually 'compassion' in the euthanasia debate) justifies *situational ethics*, and suggests that 'the Golden Rule can ... be made the basis for sound reasoning about this and other moral questions about our treatment of other people'.

Even within the constraints of a short editorial, this will not do. It has been said that 'a text out of context is just a pretext' and while love is of course a central Christian concept, a Christian assessment of the euthanasia debate needs to look at other Bible texts too. 'You shall not murder' (3) prohibits the intentional killing of the innocent (4). The situationist argues that one may intentionally kill in certain situations and yet be acting 'in love', but this clearly contravenes Christ's own teaching that obeying the greater commandments of the Law does not excuse disobeying the lesser (5, 6). In the mind of Christ these conflicts of duty simply do not occur, and Christians today have therefore to

try to hold such apparent conflicts in tension.

There are two instances of voluntary euthanasia in the Bible. No judgement is expressed of the action of Abimelech's armour-bearer who ran through his wounded master to spare him the 'indignity' of being killed by a woman (7), but David (8) ordered the execution of the Amalekite who claimed that he had killed Saul at his request when he was dying in great pain. This claim differs from the other account of Saul's death (9) but whether it is true or not, the compassionate killing of Saul constituted a capital offence in the mind of David.

These few references confirm at the very least that the Bible has other things to say about the ethics of euthanasia and members of this fellowship would not want readers of the *Journal of Medical Ethics* to think that Professor Hare was presenting a *Christian case*.

#### References

- (1) Hare R M. Is medical ethics lost? [guest editorial]. *Journal of medical ethics* 1993; 19: 69-70.
- (2) Matthew 7: 12.
- (3) Exodus 20: 13.
- (4) Saunders P. Thou shalt not kill – the Christian case against compassionate killing. *Journal of the Christian Medical Fellowship* 1992; 38.3: 3-11.
- (5) Matthew 5: 17-20.
- (6) Matthew 23: 23.
- (7) Judges 9: 52-55.
- (8) 2 Samuel 1: 1-16.
- (9) 1 Samuel 31: 1-6.

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#### Response 2

SIR

We all prefer a small number of workable rules to pages of petty legalising. It is therefore not surprising that the ethical teaching of the world's major religions is summarised accordingly: the ten commandments of the Judaeo-Christian tradition, the eightfold path of Buddhism, the five pillars of Islam. Contemporary ethicists have understandably followed suit. The four principles advocated by Gillon (1) – beneficence, non-maleficence, autonomy and justice – are one such example.

Professor Hare, in his recent guest editorial (2), attempts the ultimate in brevity by recourse to Jesus Christ's Golden Rule: 'So in everything, do to others what you would have them do to you, for this sums up the law and the prophets' (3). He then applies this to the case of Dr Cox, the English rheumatologist who was recently convicted for killing a patient with an injection of potassium chloride. If in similar circumstances we would wish active euthanasia ourselves, he asks, then should we not do the same for our patients?

This extraordinary view not only disregards established medical facts (since had Dr Cox been willing to consult, he could have relieved his patient's pain without killing her (4)), but it distorts Christian ethical teaching. Jesus's statement must be considered in its proper context, not interpreted in isolation.

The central thrust of Christ's ethical teaching was to imitate God's character (5) and to obey God's commands (6), in other words, to treat others in the way that God himself

would treat them. Does God ever mercifully kill those who ask him? To the contrary, even his most faithful servants are denied their requests – Job, Elijah and arguably even Christ himself are poignant examples (7). His approach is not to kill the sufferer but rather to relieve the suffering. In God's economy suffering is worked for good (8). Does God ever sanction intentional killing of the innocent? Again, no. Even compassionate killing at the sufferer's request is not 'justifiable homicide' according to biblical teaching (9). This is the very reason that compassionate killing and assisted suicide are still illegal. British law was originally based on Judaeo-Christian ethics. To say then that Dr Cox acted in accordance with the Golden Rule in killing his patient at her request is simply not true.

It is one thing to recognise what Christian ethics are and to reject them. It is quite another to reinterpret them to give support to a diametrically opposed thesis. By all means do continue to encourage those with novel views to join the debate. It's refreshing to see Christ and the Bible mentioned alongside Kant and Bentham. Considering the influence of Christianity on our laws, ethics and culture it helps to redress a balance perhaps lacking in previous editions of your journal. However, please do try to ensure that such debate is properly informed.

## References

- (1) Gillon R. *Philosophical medical ethics*. London: *British medical journal*, 1985; reprinted Chichester: Wiley, 1990.
- (2) Hare R M. Is medical ethics lost? [guest editorial]. *Journal of medical ethics* 1993; 19: 69–70.
- (3) Matthew 7: 12.
- (4) Twycross R. A doctor's dilemma. *Journal of the Christian Medical Fellowship* 1993 Jan: 1–3.
- (5) Matthew 5: 48.
- (6) Matthew 7: 21.
- (7) Job 8: 6–9; 1 Kings 19: 4; Matthew 26: 39.
- (8) Romans 8: 28.
- (9) Saunders P. Thou shalt not kill – the Christian case against compassionate killing. *Journal of the Christian Medical Fellowship* 1992 Jul: 3–11.

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## Is medical ethics lost? Response from Professor Hare

SIR

If Drs Fergusson and Saunders had read the literature referred to in my guest editorial (1), they would know some of the answers to their objections. There was no room for them in the editorial, but you have kindly allowed me space to make a start now.

Dr Fergusson's arguments are familiar, and mine ought to be too. For the sake of those who treat the words of Christ with respect, as I do, it is worth while asking what they imply for such issues as euthanasia. The Old and New Testaments contain all manner of texts which can be quoted in support of almost any opinion one cares to mention, especially if one begs the question, as Dr Fergusson does, by assuming without argument that voluntary euthanasia is wrong, and therefore murder. If it were not wrong it would not be murder. His unargued-for definition of 'murder' is too simple.

What I was trying to do was to find the core of Christ's moral teaching. This certainly lies in the doctrine of love (*agape*), of which the passage I cited (the Golden Rule) is one expression. He himself said that on the commandment to love God and our neighbour hang all the law and the prophets (Matth 22, 40); there is none other commandment greater than these (Mark 12, 31). So the 'jots and tittles' of Matth 5, 18 are subordinate, and in the next few verses Christ revises the Mosaic law's teaching about killing: the motive matters. St Paul endorses the centrality of love (Gal 5, 14); he likewise says that love is the end (*telos*) of the commandment (1 Tim 1, 5; see Bishop Joseph Butler, *Sermon* 12), and his invocation of love in 1 Corinthians 13 is well known. Christ also said 'If ye love me, keep my commandments' (John 14, 15); so we cannot appeal to the commandment to love God in order to defeat the commandment to love our neighbour.

I have explained at greater length elsewhere (2) why some clergymen neglect this teaching in favour of rigid rules, as the Pope has recently done. They do it because they want to keep the faithful in order, and that looks to be easier if one lays down extremely simple rules and allows no exceptions to them. But for doctors in real life

this is not helpful (hence the casuistry). I am not a supporter of situation ethics, and indeed have pointed out its faults (3). But it is important to have regard to distinctions between cases. Is Dr Fergusson saying that the 4,000 Christian doctors he claims to represent cannot see a difference between Dr Cox's action and typical murders? He ought to ask whether the undoubted difference between the cases justifies a moral distinction. As a moral philosopher I am not allowed to appeal to biblical authority (4), and I have no wish to. But happily, and not surprisingly, rational thought supports the teaching of Christ, as I have tried to show throughout my writings (5).

Dr Saunders also misconceives my purpose. I am not seeking 'the ultimate in brevity'. What he does not understand is that moral thinking takes place at two levels, that of the simple principles that we need in everyday life, and that which we have to do in difficult cases where they conflict, and also when we ask, what *are* the right principles. I have recommended a method for this second kind of thinking. Has Dr Saunders any? In my view it has to be based on *agape*, on which the principles of the lower level all hang. That the principles will conflict is evident in many fields; euthanasia is one of the most obvious. We all, like you, Sir, accept a principle of beneficence, requiring us to help other people and do the best for them. We also accept a principle forbidding killing. But in cases like that of Dr Cox's patient these excellent principles conflict, and we have to do this second kind of thinking and decide which of them to follow, and whether to modify one of them by admitting exceptions. It is no use in such cases dogmatically sticking to just one of the principles.

Dr Cox might have been wrong to think there was no way of relieving his patient's suffering and keeping her alive. But suppose he was right; or suppose we were speaking of a case in which there was no way. Dr Robert Twycross, whom I greatly respect, appeals in his article (6) to the principle of double effect, to cast doubt on which was the main purpose of my editorial. The principle of double effect affords no let-out, because if giving potassium chloride is a sin, so is giving larger and larger doses of diamorphine, if one knows that either will kill. Better thinking is needed.